

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: <u>1-12-04</u>		2 Serial/Patent # <u>09075392</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input checked="" type="checkbox"/> Extension of Time		N/A	10-24-03 \$ 950.00
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 950.00
		8 TO BE REFUNDED BY:	
<input checked="" type="checkbox"/> Overpayment		Treasury Check	
<input checked="" type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:	
<input checked="" type="checkbox"/> No Fee Due (Explanation):  <i>EOT must be filed within maximum extendable timeframe - therefore, unnecessary</i>		9 <input type="text"/> 0 6 -- 1 0 5 0	
10 REASON:			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Liana Chase</u>		TITLE: <u>Paralegal</u>	
SIGNATURE: <u>Liana Chase</u>		PHONE: <u>306-0482</u>	
OFFICE: <u>Atc. of Petitions</u>		*****	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****			
APPROVED: <u>Michael Gile</u>		DATE: <u>1/13/04</u>	

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B